

**SUMMARY FORM****COLLECTIVE BARGAINING AGREEMENT**  
**PUBLIC SECTOR / NON-POLICE & NON-FIRE****Section I: Agreement Details**

Public Employer: Carlstadt Board of Education County: Bergen

Employee Organization: Carlstadt Education Association Employees in Unit: 67

Base Year Contract Term: 6/27/2011 6/26/2014 New Contract Term: 7/1/2014 6/30/2018

Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

		Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)	Column B <u>New Base Year - Total Costs</u> (First Year of Successor agreement)
Item 1 .....	Salary	\$4,526,958	\$4,526,958
Item 2 .....	Increment		
Item 3 .....	Longevity	\$13,200	\$13,200
Item 4 .....	Extra Curricular	\$20,000	\$20,000
Item 5 .....			
Item 6 .....			
Item 7 .....			
Item 8 .....			
Item 9 .....			
Item 10 .....			
Item 11 .....			
Item 12 .....			
Any additional items listed on separate sheet	Additional items		
<b>Section III: Totals</b> • Sum of costs in each column		<b>\$4,560,158</b> (Total)	<b>\$4,560,158</b> (Total)

**Section IV: Analysis of new successor agreement****NEW AGREEMENT ANALYSIS**Total Base Year (prev/old agreement) \$4,560,158

Effective Date (mm/dd/yyyy)	7/1/2014	7/1/2015	7/1/2016	7/1/2017	7/1/2018	
Percent Increase .....		2.8	2.7	2.72	2.66	
Total cost of increase ..		\$127,868	\$126,627	\$131,264	\$131,572	
Total base salary (successor agreement) .....	\$4,560,158	\$4,680,026	\$4,814,653	\$4,945,917	\$5,077,489	

**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement) 2.78  
 Dollar Impact (average per year over term of agreement) \$129,332.00

**Section VI**

Health Insurance (initial costs associated on each line)

	Base Year	Year 1				
Cost of Health Plan .....	\$1,036,785	\$1,065,603				
Employee Contributions .....	\$71,472	\$106,393				
Prescription .....	\$311,066	\$331,762				
Dental .....	\$89,434	\$101,241				
Vision .....	\$10,232	\$11,645				

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.**Section VII**

Prepared by:

Pamela Baxley  
 Print Name: Pamela Baxley  
 Signature: Pamela Baxley

Title: SBADate: 9/26/2014